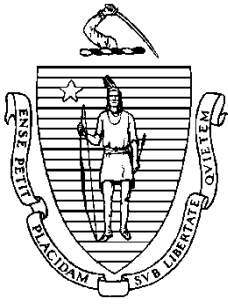


BOARD OF REGISTRATION OF MASSAGE THERAPY
Instructions for Initial/Reciprocal License Application

1. If you are ineligible for a Social Security Number, contact the Board for instructions.
2. Regarding Question #4, the address that you choose as your mailing address is **public record** and will be released to anyone upon request. If you select the business address option, please include the business name.
3. You must be 18 years old **and** a high school graduate, or its equivalent.
4. If you answered Question(s) #9 and/or #10 in the affirmative, a certificate of standing is required from every **out-of-state** licensure jurisdiction. Certificates are required for all licensure status including lapsed, expired, etc. Contact that jurisdiction and have the document mailed to you for inclusion with your application. Please maintain the official **statement(s) in the unopened, jurisdiction-sealed envelope(s) to accompany your application**. The document may also be mailed direction to the Board; however, this may cause a delay in processing your application.
5. Regarding Question #16, you must list all offenses except **minor** traffic offenses.
6. Your application must be notarized.
7. You must obtain an official transcript from your Massage Therapy training program and **include the still-sealed envelope with your application**.
8. **Two signed letters of reference must accompany your application.** One letter must be from an employer in the massage therapy or medical field, massage therapy educator, massage therapist, or health care provider with whom you have had a professional relationship and should address your competence and integrity. The other letter may be from any unrelated person who can comment favorably upon your professional integrity.
9. **You must provide a copy of the insurance policy declarations page that indicates the amount and effective date of coverage.** The policy must be in your own name and provide for a minimum of at least \$1,000,000 per occurrence and at least \$1,000,000 aggregate. The Board cannot make recommendations about insurers; however, professional associations are usually a good source of information. See the Board's web site for links.
10. Include a check or money order for **\$225.00** in U.S. funds made payable to the **Commonwealth of Massachusetts**. The fee is **not** refundable. Please note that your application will not be processed without the correct fee. The initial fee includes both application processing and your first license.
11. **Mail the complete application package to: Board of Massage Therapy, 239 Causeway Street, 5th Floor, Boston, MA, 02114.**
12. If you have any additional questions, please contact the Board via email: michael.e.hawley@state.ma.us or by phone: (617) 727-1747.



The Commonwealth of Massachusetts
Division of Professional Licensure
www.mass.gov/dpl/boards/mt
Board of Registration of Massage Therapy
(617) 727- 1747
239 Causeway Street
Boston MA 02114

INITIAL/RECIPROCAL LICENSE APPLICATION

1. Applicant Name: _____
Last First Middle

Maiden Name/Other Name: _____

2. Permanent Address: _____
No. Street Apt. #

City/Town State Zip Code

3. Business Address (If Applicable): _____
No. Street Apt. #

City/Town State Zip Code

4. Which address should appear on your license? Permanent ☐ Business ☐

5. Date of Birth: _____

6. E-mail: _____

7. Telephone Number-Day: _____ Evening: _____

8. Educational Background:

High School Name: _____
Location: _____ Year: _____

Massage Therapy School: _____
Location: _____ Year: _____

Note: If you are not seeking reciprocal licensure, please skip to Question #10.

9. For reciprocal licensure, list state and license #. You must enclose a certificate of standing from the state in which you are currently licensed: _____

10. List all professional licenses/certifications you have held in the United States, or any country or foreign jurisdiction, and the state/jurisdiction from which the license/certification was originally issued. Enclose a certificate of standing from each state or jurisdiction outside Massachusetts in which you have been licensed/certified, indicating the status of your license and any disciplinary information. _____

11. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): _____

12. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): _____

13. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): _____

14. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): _____

15. Have you ever been convicted of, or admitted to, a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$200.00 was assessed? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): _____

NOTE: The Board has received certification by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Your notarized signature below authorizes the Board of Registration of Massage Therapy to check your records as part of your licensing process and during the term of your licensure. Other Federal and professional records may also be checked. No records are automatic disqualifiers; you will be given an opportunity for a limited appearance before the Board.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Massage Therapy to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c.62C, §49A, to the best of my knowledge and belief, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law.

Signature of applicant

Date

On this ____ day of _____, 20____, before me, _____ the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document in my presence.

(official signature and seal of notary)

YOU MUST INCLUDE THIS
APPLICATION CHECKLIST
WITH YOUR APPLICATION

Please check each box:

- ☐ I have read the separate instructions.
- ☐ I have enclosed a completed (signed & notarized) "License Application" form.
- ☐ I have enclosed two signed Letters of Reference.
- ☐ I have enclosed sealed, official, certificates of standing from each jurisdiction (outside of MA) in which I have held a professional license or certification.
- ☐ I have enclosed my \$1,000,000 individual, **POST-GRADUATION, NON-STUDENT, PROFESSIONAL** massage therapy liability insurance policy declaration.
- ☐ I have enclosed a \$225.00 Check/Money Order payable to: **Commonwealth of MA.**

Select either A or B:

- A. ☐ As an initial applicant, I have enclosed an official, sealed transcript.
- B. ☐ As a reciprocal applicant, I have enclosed an official state certificate of standing.

MANDATORY

My social security number is:

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Mail your application materials to:

Board of Massage Therapy, 239 Causeway Street, 5th floor, Boston, MA 02114